## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

Cerei	momai Role Even	is and nickeur	ass Distr	ibutions	AF	'ublic Document
l. Age	ency Name				Date Stamp	California 802
	County of Los Angeles					
Divi	sion, Department, or Reg	ion (if applicable)				For Official Use Only
Boa	ard of Supervisors, Third	District				
Desi	ignated Agency Contact (	Name, Title)			1	
Yola	anda Valadez, Ticket Ad	ministrator				
Area	Code/Phone Number	E-mail			Amendment (Must Prov	ride Explanation in Part 3.)
213	974-3333	yvaladez@bos.lac	ounty.gov		Date of Original Filing:	(month, day, year)
2. Fur	nction or Event Infor	mation				
Doe	es the agency have a tick	et policy?	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 329	
		103	CONTROL BANKS OF THE DE			
Eve	nt Description: Salome	Provide Title/ Expla	[	Date(s)	_ 5 _ 17 _	
Tick	et(s)/Pass(es) provided			f no: <u>LA Opera</u>	3	
11010	et(s)// ass(cs) provided	by agency: Yes	□ No⊠ I	1 110. <u> :</u>	Name of Source	<del></del>
Was	s ticket distribution made	at the behest Yes	XI NOTI I	f yes:		
	agency official?	103		•	Official's Name (Last, First)	
	•				80.00	
. Re	ecipients					
• U	se Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identify	an outside organization.
A.	Name of Agency, Depa		Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the age			
Вс	Board of Supervisors		2	Per Ticket Policy 5.3(k)		
В.	Name of Indi (Last, Fire		Number of Ticket(s)/ Passes	1.	Identify one of the follo	
					onial Role  Other  ing "Ceremonial Role" or "Other" describ	Income ne below:
					onial Role  Other  or "Other" describ	Income
C.	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursua	ant to the agency's policy
. Veri	fication					
I hav	e read and understand FPI the requirements.	PC Regulations 18944	.1 and 18942.	I have verified to	hat the distribution set forth	above, is in accordance
	18	Volone	da Valadez		Ticket Administrates	A 1A A 1A →
Sig	nature of Agency (Head or Designe		rint Name		Ticket Administrator	4/11/17 (month, day, year)
		2.3			IIda	(month, day, year)
Con	nment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213 974-3333 Date of Original Filing: yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ see comment section Does the agency have a ticket policy? Yes⊠ No□ Event Description: Zoot Suit Date(s) \_\_3 Provide Title/ Explanation If no: Mark Taper Forum Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	7	Per Ticket Policy 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
	34	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
/erification		

I have read and understand FPPC Regulations	18944.1 and 18	942. I have verified that the	distribution set forth above	. is in accordance
with the requirements.				,

le/	Yolanda Valadez	Ticket Administrator	4/11/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year,

Comment: 3/4 2 tickets \$77, 3/17 3 tickets \$83, 3/31 2 tickets \$137

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles **Form** Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 194 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Alvin Ailey American Dance Theater Date(s) 3 / 11 / Provide Title/ Explanation If no: Dorothy Chandler Pavilion Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Board of Supervisors Per Ticket Policy 5.3(k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last. First) Passes Ceremonial Role Other \_ Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

## 4. Verification

Comment: \_

I have read and understand FPPC Regulation.	s 18944.1 and 18942	. I have verified that the	distribution set forth	above is in accordance
with the requirements.				as eve, ie iii accordantee
( )				

4	Yolanda Valadez	Ticket Administrator	4/11/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)